



## **Holiday Camp Spring Break 2024: Registration Form**

***Monday, April 22 to Friday, April 26, 2024***

***Open to children in Nursery through 5<sup>th</sup> grade***

**CHILD'S NAME** \_\_\_\_\_

**Gender:** Circle M / F    **Date of Birth** \_\_\_\_\_    **Current Grade** \_\_\_\_\_

How did you hear about Holiday Camp? \_\_\_\_\_

### **Holiday Camp Schedule and Tuition (prices below are costs per child)**

Holiday Camp days must be consecutive. Valet drop off from 8:45-9:00am. Valet pick up from 3:45-4:10pm. The Camp Office can offer babysitter recommendations if you need extended care past 4:00pm. Tuition includes 3-4 counselors/CITs, on-campus structured activities, off-campus trips, AM & PM snacks and refreshments. Bus transportation, lunch and optional gratuities are not included.

### **2024 TUITION DATES AND RATES**

Session Dates	Camper Status	Half Day (9am-1pm) Nursery & PreK Only	Full Day (9am-4pm)
<b>Full Week- 5 Days</b>	<u>Summer 2024 Camper</u>	<u>\$400</u>	<u>\$520</u>
	<u>General Public</u>	<u>\$425</u>	<u>\$550</u>
<b>Partial Week- 3 Days</b>	<u>Summer 2024 Camper</u>	<u>\$255</u>	<u>\$340</u>
	<u>General Public</u>	<u>\$270</u>	<u>\$360</u>
<b>Partial Week -2 Days</b>	<u>Summer 2024 Camper</u>	<u>\$175</u>	<u>\$240</u>
	<u>General Public</u>	<u>\$195</u>	<u>\$260</u>

### **CHECK OFF DESIRED PROGRAM:**

\_\_\_\_ **Full Week** (All 5 Days) – Mon, April 22 to Fri, April 26

\_\_\_\_ **First 3 Days**- Mon, April 22 to Wed, April 24      \_\_\_\_ **Last 3 Days**- Wed, April 24 to Fri, April 26

\_\_\_\_ **First 2 Days**- Mon, April 22 to Tues, April 23      \_\_\_\_ **Last 2 Days**- Thurs, April 25 to Fri, April 26

### **PAYMENT METHOD (check one):**

\_\_\_\_ Cash      \_\_\_\_ Check (Check # \_\_\_\_\_)

\_\_\_\_ Debit or Credit Card (**2024 campers only**) \*If charging, list last 4 digits of card on file \_\_\_\_\_  
(Credit card is 3% processing fee, debit card no additional fee)

For Office Only- Paid Date: \_\_\_\_\_ Collected By: \_\_\_\_\_



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### **EMERGENCY CONTACTS & INFORMATION** *(other than parents)*

NAME	RELATIONSHIP	PHONE NUMBER

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

List Any Allergies (specify) \_\_\_\_\_

Dietary Restrictions (if any) \_\_\_\_\_

Please list any special needs: \_\_\_\_\_

### **Is Your Child Enrolled for Camp 2024? Circle Y / N**

**Only Complete this Section if your Child is NOT Enrolled for Summer Camp:**

Parent 1 Name: \_\_\_\_\_ Cell \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

### **OTHER IMPORTANT INFORMATION—PLEASE READ CAREFULLY**

1. The signator authorizes Rolling River Day School & Camp Inc. (heretofore known as "RRDC") to administer prescribed medications, to obtain through a physician, licensed nurse or other emergency personnel of its choice, such medical care and/or first aid as is necessary for welfare of the child if any injury or illness occurs at Rolling River.
2. RRDC reserves the right to dismiss any child whose conduct or behavior, in the opinion of RRDC, is harmful to the best interests of RRDC with no refund of tuition upon dismissal from the program.
3. The signator permits RRDC to publish individual or group pictures and written or verbal testimonials for publicity, display, program brochure, website, internet, advertising or camp video/DVD promotions.
4. The signator and child agree to adhere to all of the policies, rules and regulations as reviewed by Holiday Camp staff upon arrival. No digital cameras or cell phones may be used on camp grounds by the children. A child that brings a cell phone will have the phone stored in the office for the day.
5. All medications must go to RRDC administrator. Possession of or the unlawful use of non-medically prescribed drugs or alcoholic beverages or the possession of weapons shall be reason for immediate dismissal of child with no refund of tuition. Directors will also contact the appropriate law enforcement agencies.
6. No refunds for any reason (i.e. absences, withdrawals, changes, terminations, weather if camp is open) will be made. Refunds will be distributed if camp must close due to inclement weather. Entire tuition must be paid at time of enrollment to secure camper group spot.



7. Rolling River Day Camp is licensed by the NYS Department of Health and is inspected twice yearly. Copies of the inspections are kept on file at the Nassau County Department of Health, 106 Charles Lindbergh Blvd. Uniondale, NY 11553. ROLLING RIVER IS A MEMBER OF AND ACCREDITED BY THE AMERICAN CAMP ASSOCIATION.

While we wish that we could control every possible risk, and while we will use our best efforts to keep your child safe from illness, we want to make clear that we cannot promise or guarantee that this or any other pathogen will not enter the campgrounds, and that by the very nature of the personal interaction that takes place in this environment, there is always a risk of your child becoming ill with this or any other communicable disease. We want you to be fully aware of this risk and that you are willing to assume and accept it on your child's behalf. During the week of Holiday Camp, I also attest that my child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. Please remember, there are no refunds offered for Holiday Camp if your child is sick.

In consideration of participating in the physical activities at Rolling River, I understand the nature of these activities and that I and/or my child/children are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue and/or will immediately discontinue my child/children's participation in such activities. I fully understand that these activities involve risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own and/or my child's actions, or inactions, those of others participating in the class/event, the conditions in which the class/event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or my child/children which are not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I or my child/children may incur as a result of our participation in the activities.

I hereby release, discharge, and covenant not to sue Rolling River Day Camp, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, and hold harmless each of the "Releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

✓ I have read the above and agree

**FULL PAYMENT IS DUE AT TIME OF ENROLLMENT. IF A CAMPER WITHDRAWS, THERE WILL BE NO REFUNDS AFTER FRIDAY, FRIDAY, APRIL 12, 2024. THERE ARE NO REFUNDS FOR SICK DAYS. AFTER WEDNESDAY, APRIL 17, 2024, PAYMENT IS CASH ONLY. THIS CONTRACT CANNOT BE ALTERED OR CHANGED IN ANY WAY BY THE SIGNING FAMILY. I UNDERSTAND AND WILL ABIDE BY ALL OF THE RULES OF THIS CONTRACT.**

**Parent Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Parent/guardian signing contract has full authority to do so and will be responsible for payment of all fees)*